				ve October 1, 2			110	-		
•	CLAIMS AS FILED - PART I					10-587601				
	TOTAL CLAIMS		· ·	(Column 1) (Column 2)		SMA	LL ENTITY	TITY		
					1		E	OR :	SMALL ENTI	
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ı	INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			minus 20= * minus 3 = *		Ve	X\$ 9=		OR X\$18=	
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l	* If the differ	ence in colum	nn 1 is los	0 Al-		- +14!	5=	OR ?	<u> </u>	
l		01.010	111111111111111111111111111111111111111	s than zero, enter	'0" in column 2	TOTA		—	290=	
	7-28-0	CLAIMS	AS AMI	ENDED - PART	H .	101/	-/L	OR TO	TAL	
11		(Colum	<u>ור חח</u>	(Column	12) (Column	3) SMAI	LL ENTITY	0.	THER THAN	
	∢ =	REMAIL	NING	HIGHES NUMBE	ST			_OR SM	ALL ENTITY	
Ų	<u> </u>	AFTE AMEND	ER MENT '	PREVIOU	SLY EXTRA	RATE	ADDI-		ADDI-	
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0	CLAIMS (Column 2) (Column 3)					ADDII, FEE	: L	ADDIT.	EE	
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1	FIRST PRES	ENTATION OF	MULTIPLE	DEPENDENT CLA	= M	X43=				
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ŀ	•	CLAIMS		(Column 2) HIGHEST	(Column 3)		·	ADDIT. FE	EL	
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the	9 entry in aut						OR	V00=		
the	9 "Highest Num	ber Previously P	the entry in c aid For IN T	olumn 2, write "0" in col HIS SPACE is less that HIS SPACE is less tha	lumn 3.	+145=	OR	+290=		
10	"Highest Numb	per Previously P er Previously Pa	aid For" IN T	HIS SPACE is less that HIS SPACE is less that HIS SPACE is less that or Independent) is the	n 20, enter <u>"20."</u> n 3, enter "3."	TOTAL VDDIT. FEE	OR	TOTAL		
		,	, Si (IUIAI	or independent) is the	highest number 45.			ADDIT. FEE		